

Please fill out completely for
all pt's whose level remains at
10µg/dl or greater at repeat.
Please fax copy to Lead Case
Manager 502-564-8389

KY Childhood Lead Poisoning Prevention Program CLPPP Initial Home Visit Form

Date: _____ County/Health Dept: _____

Case Manager: _____ Phone #: _____

Name of Child: _____ DOB: _____

Address: _____

Social Security#: _____ Medicaid #: _____

Parent/Guardian present at HV: _____ Relationship to child: _____

(Any child with a 2nd BLL of 10 µg/dL or above must receive a home visit)

Interventions/Actions	Yes	n/a	Referral date
Parent/guardian informed of patient's lead level?			
Explained to parent/guardian what lead poisoning is?			
Explained to parent/guardian the effects of lead poisoning?			
Reviewed the importance of monitoring blood lead levels and in keeping appointments at least every 1-2 months or as ordered by the PCP?			
Parents verbalize an understanding that if child BLL is being followed by PCP that the child will still be followed by case management at the LHD.			
Appointment scheduled for Medical Evaluation?			
Appointment scheduled for Preventive Health care?			
Appointment made for Medical Nutritional Counseling?			
Reviewed with parent/guardian about the importance of a healthy diet, high in calcium, high in iron, high in Vitamin C, & low in fat?			
Reviewed with parent/guardian concerning the importance of washing child's face & hands frequently, especially before meals or snacks?			
Reviewed with parent/guardian concerning the importance of washing the child's toys frequently?			
Explained common sources of lead and ways to immediately reduce exposure such as cleaning with detergent high in phosphates, covering chipping paint with tape or plastic, & restricting child from playing in a hazardous area?			
Reviewed pamphlets with parent/guardian: RN Initials <ul style="list-style-type: none"> • Lead Poisoning: Are your Children at Risk? _____ Yes/ No _____ • Prevent Lead Poisoning: Eat Healthy _____ Yes?No _____ • Pregnancy and Lead _____ Yes/No _____ Other: _____			
Environmental Home Visit scheduled?			
Environmental Certified Risk Assessment scheduled? <small>* A certified Risk Assessment is where a certified Risk Assessor does a home visit where samples are taken and sent to the lab.</small>			

Comments _____

Case Manager/Nurse Signature _____